



Clark County Department of Building Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

Temporary Operational Permits - Application

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

\$75 minimum application fee is due at time of submittal. Additional fees may be required depending on event timeframe.
Fee is payable in exact cash, check or money order (drawn on a US bank in US Funds), or Fire Prevention escrow account.
Checks must be made payable to CCDB-Fire Prevention Bureau.

Submittal Date: _____ **Payment Type:** ☐ Cash ☐ Check -or- Escrow Account #: _____
 (Please check one)

Code Enforcement Case No.: (If applicable) _____ **Building Permit No.:** (If applicable) _____

(Please check appropriate box)

<input type="checkbox"/> Amusement Buildings (FABT)	<input type="checkbox"/> Filming (FDFT)	<input type="checkbox"/> Liquid/Gas Vehicle/Equip Assembly (FLQT)
<input type="checkbox"/> Asbestos Removal (FASB)	<input type="checkbox"/> Firewood Sales (FWFC)	<input type="checkbox"/> Mall Covered Kiosk (FMKT)
<input type="checkbox"/> Candles and Open Flames (FDCT)	<input type="checkbox"/> Flame Effects (FFET)	<input type="checkbox"/> Membrane, Bldg Structure, Tent or (FTTT) or Canopy – Outdoor (Tent >400 SF, Canopy >700 SF and Bldg >4,500 SF) List total square feet: _____
<input type="checkbox"/> Carnivals and Fairs (FCFT)	<input type="checkbox"/> Flam/Comb Liquid Storage/Use (FFCT) (Includes: Aboveground tanks and components, Cabinets, Diesel Generators, Drums, Safety Cans, etc) List total gallons: _____	
<input type="checkbox"/> Compressed Gas (FDCG)		
<input type="checkbox"/> Cryogen Systems (FCST) (Includes fog effects)		
<input type="checkbox"/> Exhibit and Trade Shows (FDET) List total square feet: _____	<input type="checkbox"/> Floor Finishing (FFFI)	<input type="checkbox"/> Mobile Fueling Vehicle (FMVT)
<input type="checkbox"/> Explosive Materials (FEMT) List total magazines: _____	<input type="checkbox"/> Hazardous Materials (FDHT)	<input type="checkbox"/> Open Burning Agricultural (FOBT)
<input type="checkbox"/> Fireworks Booth(s) (FFBT)	<input type="checkbox"/> Heliports, Helistops, and (FHHT) Emergency Landing Pads	<input type="checkbox"/> Special Activity Lot (FCTL)
<input type="checkbox"/> Fireworks Display Outdoor (FFDO) List total device count: _____	<input type="checkbox"/> Hot-Works (fixed, mobile, or combo) (FHFT)	<input type="checkbox"/> Spraying or Dipping (FSDT)
<input type="checkbox"/> Fireworks/Pyro-Prox In/Outdoor (FFPT) List total device count: _____	<input type="checkbox"/> Liquefied Petroleum Gases (FPGT)	<input type="checkbox"/> Other: _____
		(Temporary operational permit type not listed)

PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction Application # (If applicable): _____
 (Please check one) Note: If plan is a revision, or a correction, then the original application number must be provided.

Expedite: ☐ Yes or ☐ No Municipal Project/Property: ☐ Yes or ☐ No APN: _____

Venue Address: _____ Bldg-Suite#: _____

Name of Venue: _____

Exact Location within Venue: _____
 (i.e.: Name of ballroom, hall or parking lot location)

Name of Event: _____

Event Move-In Date: _____ Event Move-Out Date: _____

*** Date & Time Event Will Be Set Up For Inspection: _____ Check one ☐ AM -or- ☐ PM ***

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

*** Normal business hours and work days are Monday through Friday, 7:00 AM through 5:00 PM. ***

*** If the date and/or time for the event set up inspection are outside of normal business hours, an overtime inspection must be requested. ***

*** Saturday and Sunday inspections are performed after 4:00 PM. An overtime inspection must be requested if needed before 4:00 PM ***

APPLICANT INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

Applicant Phone #: _____ Ext: _____ Fax #: _____

Applicant Email Address: _____

Applicant Name and Title _____

Applicant Signature _____